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	To the state of th	Application Number	10/519,188	
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	FORM	First Named Inventor		
	(to be used for all correspondence after initial filing)	. Art Unit	1774	
T.	(to be used for all correspondence after initial filing)	Examiner Name	B. Hess	
1	Total Number of Pages in This Submission 27	Attorney Docket Number	TAN-347	

ENCLOSURES (Check all that apply)								
Fee Tran	smittal Form	Drawing(s)		After Allowance Communication to TC				
<b>√</b> F	ee Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences				
Extensio Express Informati Certified Documer Reply to Incomple	ent/Reply  Ifter Final  Iffidavits/declaration(s)  In of Time Request  Abandonment Request  on Disclosure Statement  Copy of Priority Int(s)  Missing Parts/Interply to Missing Parts Interply to Missing Parts Index 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	Address	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):				
	SIGNA	TURE OF APPLICANT, ATTO	RNEY, C	OR AGENT				
Firm Name Sherman & Associates								
Signature								
Printed name	Robert L. Haines							
Date	February 22, 2007		Reg. No.	35533				
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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/519,188 FEE TRANSMIT Filing Date December 22, 2004 For FY 2007 First Named Inventor **NATSUI Examiner Name** B. Hess Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1774 TOTAL AMOUNT OF PAYMENT 450.00 Attorney Docket No. **TAN-347** METHOD OF PAYMENT (check all that apply) Credit Card ✓ | Check | JMoney Order None Other (please identify):\_ Deposit Account Name: Sherman & Associates ✓ Deposit Account Deposit Account Number: 19-1980 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 200 100 Utility 150 500 250 Design 200 100 100 50 130 65 0 200 Plant 100 300 150 160 80 0 300 500 600 300 Reissue 150 250 Provisional 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 25 Each claim over 20 (including Reissues) 50 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims **Multiple Dependent Claims** Extra Claims **Total Claims** Fee (\$) Fee Paid (\$) Fee Paid (\$) \_ - 20 or HP = Fee (\$) 0\_\_\_\_ 0 HP = highest number of total claims paid for, if greater than 20. O Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) 1 - 3 or HP = 0 ... x 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** (round up to a whole number) x -100 =4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$450.00 Other (e.g., late filing surcharge): Two Month Extension of Time 37 CFR 1.17(a)(2)

SUBMITTED BY	SUBMITTED BY				
Signature	Tes	Registration No. (Attorney/Agent) 35533	Telephone 703-549-2282		
Name (Print/Type)	Robert L. Haines	Date February 22, 2007			

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